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	Application Number	10/598,479-Conf. #5991
	Filing Date	August 31, 2006
	First Named Inventor	Lee Terry Bacheler
	Title	ESTIMATION OF CLINICAL CUT-OFFS
	Art Unit	1631
	Examiner Name	J. Lin
	Attorney Docket No.	026038.0265PTUS

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number: _____
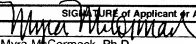
OR

☐ Firm or Individual Name

Address	
City	State	Zip
Country	Telephone	Email

I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	*(signature)*	Date	2/18/10
Name	Myra McCormack, Ph.D.	Telephone	(732) 524-6932
Title and Company	Assistant General Counsel, Johnson and Johnson		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of **1** forms are submitted.

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